



VANTASTIC MEMBERSHIP FORM

Chase House, City Junction Business Park
Northern Cross, Dublin 17

Phone: 01-6873760 / Fax: 01-6873761

PART ONE - Eligibility

This section must be completed by all applicants. It gives us information about you so that decisions can be made about whether you meet the Vantastic criteria for membership

Eligibility criteria

Please mark as appropriate

Person with a Disability

If a person with a disability please mark as appropriate

Physical disability

Intellectual disability

Physical & Intellectual disability

Older person (65 plus)

Not for Profit Organisation (NFP)

If a Not for Profit organisation please mark as appropriate

Community & Voluntary Organisation

State Funded Body

Other

If other please provide detail

PART TWO - Membership Details

Title

Last Name / NFP Group Name

First Name / NFP nominated representative

Address

Telephone

Mobile

Email

Website

If an person with a disability or an older person please complete below

Gender

Date of Birth



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PART THREE - Emergency contact details

Please give us details of someone we could contact on your behalf in case of an emergency, or if we are unable to contact you directly.

Contact Name

Contact Number

Relationship to you

PART FOUR - Billing details

As Above in PART TWO

If different to above please complete below

Title
Last Name
First Name

Address

Telephone
Mobile
Email

PART FIVE - Information to help us help you

Where did you hear about Vantastic ?

Do you have difficulty with Public Transport (Bus, Trains & Taxis) ?
Yes
No

Mobility Aids (Please mark as Appropriate)

	Yes, all the time	Yes, some of the time
Electric Chair	<input type="checkbox"/>	<input type="checkbox"/>
Manual Chair	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair transfer	<input type="checkbox"/>	<input type="checkbox"/>
Walking Frame	<input type="checkbox"/>	<input type="checkbox"/>
Walking Stick or Crutches	<input type="checkbox"/>	<input type="checkbox"/>
Guide Dog	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistant	<input type="checkbox"/>	<input type="checkbox"/>



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Declaration

If you have completed this form for yourself, please sign and date the declaration below. It is important that you do this as we are unable to process your application without your signature. If you have completed this form on behalf of an applicant, sign your name and clearly state your relationship to the applicant

Declaration

Mark Sections Completed

Part One - Eligibility	<input type="checkbox"/>
Part Two - Membership Details	<input type="checkbox"/>
Part Three - Emergency Contact	<input type="checkbox"/>
Part Four - Billing Details	<input type="checkbox"/>
Part Five - Information to help us help you	<input type="checkbox"/>

I declare the the information given is complete and true in all respects

Signed Date

Or signed on behalf of Date

Print Name

Relationship